MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10714468   **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7						
8	1					
9		1				
10		1				
11		1				
12		1				
13						
14		2				
15		1				
16		1				
17	1					
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50						
TOTAL IND.	6					
TOTAL DEP.	18					
TOTAL CLAIMS	26					

		IND	DEP	IND	DEP	IND	DEP
51							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							